



Sister St. Onge walks to one of the many families who participate in her Smart From the Start Program. Her goal is to help create a loving, family environment.

# Memphis' "Good Samaritan" Stimulating Young Minds

**Y**oung mothers living in the Memphis housing projects, who are struggling to raise their children properly, often find an "angel of mercy" on their doorstep.

For more than 20 years, Sister Florence St. Onge has been visiting families in distress, offering specialized classes for toddlers and their parents. Her "Smart From The Start" program has literally saved some children from a life of abuse.

Since 1985, the Department of Mental Health and Developmental Disabilities has sponsored the "Smart From The Start" program. Today, 60 families are enrolled in the program, which is designed to teach parents how to create a loving and nurturing environment for their children.

The program consists of three components:

- Group treatment for 2 1/2, 3 and 4 year-olds
- A support group for parents
- Home sessions to model and reinforce parents' positive learning interactions with the child

This program is designed for low-income and at-risk families.

To this day, Sister St. Onge is proud that there hasn't been a single case of child abuse among the families who have attended the program since it started in 1977.

"The support groups for mothers offer positive feedback related to mother-child interactions," said Sister St. Onge. "In the past, their inability to cope resulted in spanking or threats. Our goal is to diminish the stress factor and teach them how to respond to their children in a positive manner."

Operating out of St. Patrick's Church in downtown Memphis, with the help of Sister Betteann McDermott and a few volunteers, Sister St. Onge has focused on the most vulnerable families.

Classes for the children focus on developing cognitive skills, perceptual discrimination and memory skills. Children learn their numbers, shapes and colors and they learn how to relate actions to pictures.

This early intervention for 2 1/2, 3 and 4 year-olds provides essential stimulation for young minds and helps prepare them to be successful in school.

A new element in the past year has been the introduction of an anti-violence component for the five-year-old participants and last year's students already in kindergarten. These sessions are conducted primarily in the homes to accentuate the vital connection between family and the program.

Because of her devoted work on the program, Sister St. Onge was awarded the "Good Samaritan Award" in 1998 from the National Catholic Development Conference.



Sister Florence St. Onge leads several children in a game. Sister St. Onge said that children need lots of love and special care.





It's Story Time: Children gather around Sister St. Onge as she reads a story at her program's classroom.



Home Taught: Accentuating the vital connection between family life and the program, Sister St. Onge teaches that violence should be left out of family life. She goes into the homes to help parents convey this idea. At times, children in inner cities grow up around violence.



# The Nashville Connection:

## Connecting the Dots to a Happier Family



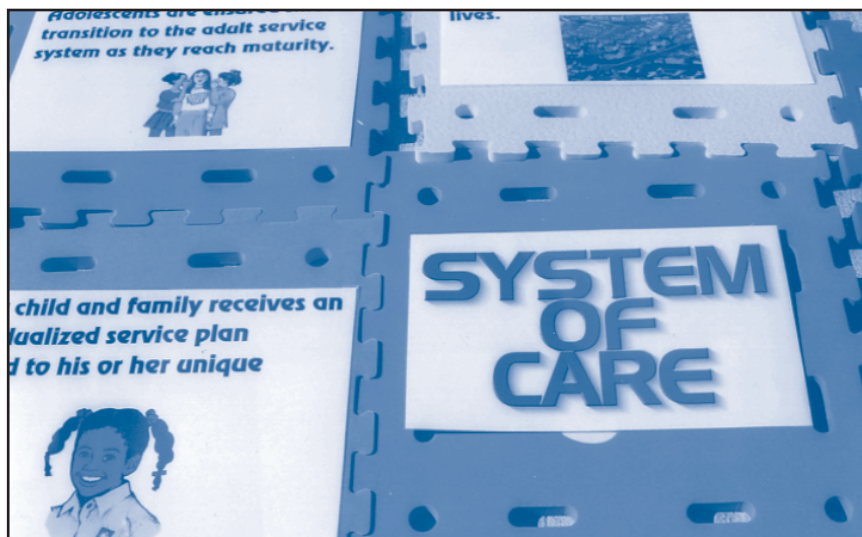
**T**hroughout time, the family unit has been the core of society. It is our family that, essentially, teaches us what's right and wrong. Our parents or guardians show us how to love and how to fend for ourselves. So, when there's a breakdown in this essential unit, society feels the hurt in one way or another.

In October of 1999, the Tennessee Department of Mental Health and Developmental Disabilities received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). This grant provided for the development of a child-centered, community-based integrated system of care for children with serious emotional disturbance and their families.

The demonstration project, called the Nashville Connection, began accepting children in October 2000. Local agencies responsible for implementing the project include: Tennessee Voices for Children, which provides family advocacy and support; Centerstone CMHC, providing school-based mental health education and support; and Vanderbilt Institute for Public Policy Studies, conducting program evaluation.

The efforts of the project go toward serving children, between 8 and 13 years of age, who have serious emotional disturbances and who are at risk of state custody, psychiatric hospitalization or residential placement. The Nashville Connection is about changing how a community responds to children with mental health needs.

Essential to the success of the Nashville Connection is the use of a wraparound process. This process accepts parents and treats them as equal partners and experts in their child's care. Who better to know and understand children than their parents? Coordinating the collaboration of professionals, parents, formal and informal services into an individualized, comprehensive plan for the child are Family Service Coordinators (FSC's). FSC's are parents of children from



targeted project areas and have experience dealing with the systems as a parent.

Charlotte Bryson, executive director for Tennessee Voices for Children, said that this collaboration is vital to the project's goals.

"The Nashville Connection believes that agency collaboration, community and family involvement are essential for attaining positive outcomes," Bryson said. "This collaboration prevents the duplication of services, reduces out of home placement and allows children to continue living in their homes and communities."

Centerstone Community Mental Health Centers, a partner in the project, provides Mental Health Liaisons whose main roles are to support teachers, provide education regarding children with serious emotional disturbance and serve as a resource for school personnel.

Robin Kitchell, Nashville Connection project director said since its inception, the Nashville Connection has been very successful in keeping children in their homes, involving them in their communities and allowing them the opportunity for a formal education.

"Twenty percent of the referred children entered the project as homebound students and now they're all in school," Kitchell said.

To date, families have reported that both they and their children have established a better quality of life because of their involvement with the Nashville Connection. Stressed was the program's philosophy and belief that families need to be empowered to help effect change.

**"Families have become educated on their children's diagnosis and have learned to make informed decisions."**

- Robin Kitchell  
Nashville Connection  
Project Director



“Several of our parents have become advocates in their own right participating on state and local councils and committees,” Kitchell said. “They have learned how to appropriately relate and voice concerns with professionals including doctors, therapists and school personnel.”

Melissa Carroll, whose 11-year old son is enrolled in the project, said that her family has witnessed many positive changes since receiving help from the Nashville Connection.

Carroll’s son has attention-deficit/hyperactivity disorder (ADHD) and has suffered from manic depression since kindergarten. Teamed up with formal and informal resources, both she and members from the Nashville Connection developed an individualized service plan for her son. The result has been her son’s reception of 28 behavior reports and significant improvements in his academic performance.

“My dream for him has always been to graduate from high school,” Carroll said. “Now, I think that may become a reality. The Nashville Connection has helped me in searching for whatever is good for my child and has given me the support needed to feel confident that I can help my child.”

Families have become educated on their children’s diagnosis and have learned to make informed decisions, Kitchell said.

The Nashville Connection and various projects continually go through system evaluation that allows for better public service. The Vanderbilt Institute for Public Policy Studies, a Nashville Connection partner, is helping project leaders to structure these evaluations. Their goal is to gather data and to apply it to the planning/quality improvement process.



Top: Melissa Carroll, whose son is enrolled in the program, discusses her week with Shirley Cody, family service coordinator for the Nashville Connection, during one of Cody’s visits. Not only do the children receive help, but also the parents are educated on their children’s diagnosis. This enables parents to make informed decisions concerning their children.

Jennifer Rowland learns how to handle calls, in a training seminar, concerning the Nashville Connection program.





“We have been able to identify “gaps” in services to families and worked with different partners to find innovative ways to address them,” Kitchell said. “Most of all, we strive to ensure that families don’t just have services, but a true quality of life.”

Sandra Daigneau-Heath, director of system care development for the DMHDD system of care grant, related the following facts:

- It is estimated that 20 percent of the children in Tennessee need mental health services.
- Estimated figures show that 9 to 10 percent of these children have serious emotional disturbances.
- Fifty percent of those with a serious emotional disturbance also have chronic health problems.

(Kids Count 2000)

Many city and state system partners have made referrals to the Nashville Connection. These include: Metro Schools, community mental health centers, Department of Children’s

Services, Juvenile Court, the Department of Health and, also, families.

“The top four reasons for referrals have been for severe behavioral problems, acting out behavior, educational issues and a need for more coordinated services,” Heath said.

“The success of the Nashville Connection will pave the way for other Tennessee communities to develop a system of care approach for children with complex needs.”

*If other communities are interested in learning more about developing local systems of care, please contact: Lygia Williams or Sandra Heath with the Tennessee Department of Mental Health and Developmental Disabilities at (615)253-5078 or [sandy.heath@state.tn.us](mailto:sandy.heath@state.tn.us) or [lygia.williams@state.tn.us](mailto:lygia.williams@state.tn.us)*





From left: Ivey Pope, 11, talks to Marcy Melvin, his mental health liaison, in his classroom at school. Melvin works with Pope to help him understand his diagnosis and how to handle it.

Camp Connection 2000: Children from the Nashville Connection program and other Tennessee Voices for Children programs take a break for a group photo during the day's activities. The camp is for children with severe emotional disturbance (SED) and their siblings ages 8-13.

On the Right Track: Shirley Cody (right) gives a high-five to Melissa Carroll. Carroll said she has reached a point where her son is getting help and she now has time to get a job and work toward bettering her life.

